| R | V | 1010859402 | | | | | |
|--|-------------------------------|--|---------|------------------------------|--------------------|---------------------|------------------------|
| BEST AVAILABLE CURY | | | | Application or Docket Number | | | |
| PATENT APPLICATION FEE DETERMINATION RECORD * Effective October 1, 2001 | | | | 1767 4000 -07000 | | | |
| CLAIMS A | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | | |
| TOTAL CLAIMS | (Column 1) | | | E F | EE | RATE | FEE |
| FOR | NUMBER FILED | LED NUMBER EXTRA | | FEE 37 | 0.00 OR | BASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | 18 minus 20= | • 0 | XS | 9 | OR | X\$18= | |
| INDEPENDENT CLAIMS | 3 minus 3 = | 0 | X42 | 2. | OR | X84= | |
| MULTIPLE DEPENDENT CLAIM P | ESENT | | 1 -14 | $\overline{}$ | | +280≈ | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | L | | OR | TOTAL | 740 |
| CLAIMS AS AMENDED - PART II OTHER THA | | | | | | | |
| 2 1406 (Column 1) | (Colu | umn 2) (Column 3 |) SMA | LL ENT | TTY OR | SMALL | ENTITY |
| CLAIMS REMAINING AFTER AMENDMENT | NUI PREV | MBER PRESENT NOUSLY EXTRA | / RAT | E TIC | DDI- NAL EE | RATE | ADDI- TIONAL FEE |
| AFTER AMENDIMENT Total • // Independent • // | Minus = | <u> </u> | X\$ 9 |) = | OR | X\$18= | |
| Independent • | Minus *** | D -/ | X42 | | OR | X84= | |
| FIRST PRESENTATION OF M | N OF MULTIPLE DEPENDENT CLAIM | | |) <u>.</u> | OR | +280= | |
| 101 | | 10 | TAL | OR | TOTAL | | |
| 1000 UY (Column 1) | ADDIT.: | FEE L | | ADDIT. FEE | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent • 7 | NUI PREV | MBER PRESENT MOUSLY EXTRA D FOR | RAT | E TIC | DDI- INAL EE | RATE | ADDI- TIONAL FEE |
| Total • 13 | Minus - (| W - / | X\$ 8 | }= | OR | X\$18= | 1 |
| independent • 7 | Minus *** | 3 -/ | X42 | | OR | X84= | • / |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |)= | OR | +280= | |
| • | | | ADDIT. | TAL FEE | OR | TOTAL ADDIT. FEE | / |
| (Column 1) | | umn 2) (Column 3 REST I | | | | | |
| Total . | NUI PREV | MBER PRESENT TOUSLY EXTRA | RAT | E TIO | DI- NAL EE | RATE | ADDI- TIONAL FEE |
| Total • | Minus •• | 9 | X\$ 9 | \neg | OR | X\$18= | |
| Independent * | Minus | 8 | X42 | | | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | |
| * If the entry in column 1 to less than the entry in column 2, write "o" in column 3. | | | | | | +280= TOTAL | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | |